European Journal of Vascular and Endovascular Surgery 44 (2012) 576

Contents lists available at SciVerse ScienceDirect

European Journal of Vascular and Endovascular Surgery

journal homepage: www.ejves.com

Invited Commentary

Commentary on 'Availability of Supervised Exercise Programs and the Role of Structured Home-based Exercise in Peripheral Arterial Disease'

C. Spafford [a], C. Oakley [a], J. Beard [b,*]

[a] STEPS Physiotherapy and Circulation Clinic, 32 Southbourne Road, Sheffield, S10 2QN, UK
[b] Sheffield Vascular Institute, Northern General Hospital, Herries Road, Sheffield S5 7AU, UK

This is a timely article, as the problem of the lack of availability of supervised exercise programmes (SEP) for patients with Intermittent Claudication has been highlighted at several recent vascular meetings. This is despite good evidence to support the use of exercise in the management of this condition.

The authors found that SEP for Intermittent Claudication were widely under-utilised in Europe. The main limitation of the study was the poor return rate of the questionnaire and the fact that most returns were from mainland Europe rather than the UK. The results may not therefore reflect UK practice, although this seems unlikely as few vascular units in the UK have funded exercise programmes.

The study highlights the lack of standard protocols for SEP and Home Exercise Programmes (HEP). The terms 'SEP' and 'HEP' are used to cover a variety of different exercise regimens which makes comparisons difficult. What we require is a classification which summarises the key components of the exercise programme, i.e. Are the patients exercising in a group or singly in the community or in a gym? What is the type, frequency and duration of exercise? Are they being supervised by a personal trainer, an exercise scientist, a nurse, or a physiotherapist? How much supervision is actually given and in what form does it occur. A simple coding system would allow healthcare professionals to know exactly what type of exercise was being by provided, e.g. SGCP30x3 could represent Supervised, Group exercise in the Community by a Physiotherapist for 30 min three times a week.

Contrary to the author's claims, a recent paper by Gardner has shown that HEP is more effective than SEP. This may be because HEP encourages patients to integrate exercise into their daily routine, rather than the artificial environment of a SEP class where they are told what to do. HEP also gives the patient more autonomy to self-manage their exercise routine and decrease fear of leg pain. The authors do suggest that the way forward may be 'structured HEP' involving minimal supervision, the use of pedometers and exercise diaries as a beneficial way to track activity and motivate people to participate in HEPs, though the lack of immediate benefit may result in poor compliance. The use of Nordic poles, which have been found by Oakley et al to improve walking distance immediately may increase patient compliance.[1] Research is in progress using Nordic poles, diaries, pedometers and minimal supervision in a community setting.

In spite of the evidence of proven benefit, many healthcare providers and insurers will not pay for SEP for intermittent claudication. They will, however, normally pay for SEP for cardiac rehabilitation, which is of less proven benefit – once again demonstrating that they regard Peripheral Arterial Disease as less important than Ischaemic Heart Disease. The huge advantage of HEP is the lower cost and this improved cost-effectiveness may result more widespread funding and accessibility of exercise programmes for claudicants. We agree with the authors that larger randomised trials are needed to establish the cost-effectiveness and the long term results of SEP compared to HEP.

Reference

1 Oakley C, Zwierska I, Tew G, Beard JD, Saxton JM. Nordic poles immediately improve walking distance in patients with intermittent claudication. *Eur J Vasc Endovasc Surg* 2008;**36**:689–94.

DOI of original article: 10.1016/j.ejvs.2012.09.009.
* Corresponding author. Tel.: +44 114 271 5534; fax: +44 114 271 4747.
E-mail address: j.d.beard@btinternet.com (J. Beard).

http://dx.doi.org/10.1016/j.ejvs.2012.09.008